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## \*BIBDATASHEET\*

CONFIRMATION NO. 3844

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/761,303	<b>FILING OR 371(c) DATE</b> 01/17/2001 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> 1043.001
<b>APPLICANTS</b> Stephen L. Biracree, Jamison, PA; Azzedine Touzni, Doylestown, PA; Thomas J. Endres, Ottsville, PA; Christopher H. Strolle, Fort Washington, PA; Samir N. Hulyalkar, Newtown, PA; Raul A. Casas, Doylestown, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/242,306 10/20/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 22186				
<b>TITLE</b> BLIND COST CRITERION TIMING RECOVERY				
<b>FILING FEE RECEIVED</b> 985	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	